

### Billing and Policy Rehabilitation Clinics Bulletin 349

November 2003

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*Articles with related Part 1 Manual  
Replacement Pages may be found in  
the "Program and Eligibility" bulletin.  
Articles with related Part 2 Manual  
Replacement Pages may be found in  
the "Billing and Policy" bulletin. The  
Medi-Cal Update may not always  
contain a "Billing and Policy" section.*

#### **Benefits Identification Card: Psychiatric Drugs Exclusion**

Effective for dates of service on or after December 1, 2003, claims including the following psychiatric drugs do not require an issue date and may be billed with either the recipient's Social Security Number or BIC ID number:

Amantadine HCl	Lamotrigine
Amitriptyline HCl	Lithium Carbonate
Aripiprazole	Lithium Citrate
Benztrapine Mesylate	Loxapine Succinate
Biperiden HCl	Mesoridazine Besylate
Bupropion HCl	Mirtazapine
Buspirone HCl	Molindone HCl
Carbamazepine	Nefazodone HCl
Chlorpromazine HCl	Olanzapine
Citalopram Hydrobromide	Oxcarbazepine
Clomipramine HCl	Paroxetine HCl
Clonidine HCl	Perphenazine
Clozapine	Phenelzine
Desipramine HCl	Pimozide
Diphenhydramine HCl	Quetiapine Fumarate
Divalproex Sodium	Risperidone
Donepezil HCl	Rivastigmine Tartrate
Doxepin HCl	Sertraline HCl
Escitalopram Oxalate	Thioridazine HCl
Fluoxetine HCl	Thiothixene
Fluphenazine Decanoate	Topiramate
Fluphenazine HCl	Tranlycypromine
Fluvoxamine Maleate	Trazodone HCl
Gabapentin	Trifluoperazine HCl
Haloperidol	Trihexyphenidyl HCl
Haloperidol Decanoate	Valproate Sodium
Haloperidol Lactate	Valproic Acid
Hydroxyzine HCl	Venlafaxine HCl
Imipramine HCl	Ziprasidone HCl
Isocarboxazid	

The Department of Health Services (DHS) Medical Review Branch continues to issue replacement Medi-Cal Benefits Identification Cards (BICs) in an ongoing effort to nullify BICs that may have been stolen or misused. As a general safeguard, there is a claims payment requirement when determining recipient eligibility for use of all but select drugs and services. This claims payment requirement was outlined in the July 2003 *Medi-Cal Update* in an article titled "Benefits Identification Card: Billing Reminder" and is repeated as follows.

*Please see BIC, page 2*

**BIC (continued)**

When verifying eligibility for recipients who receive new cards, the Automated Eligibility Verification System (AEVS) will return the eligibility message, “For claims payment, current BIC ID number and date of issue required.” Providers must have and use the BIC ID number and issue date from the new card when verifying recipient eligibility. All but excluded providers must have and use the BIC ID number and issue date from the new card when submitting claims for reimbursement. If the BIC ID number and issue date of the new card are not on the claim for recipients whose card returns the message, “Current BIC ID number and issue date required for payment,” the claim will be denied.

The following provider types are not required to provide an issue date on the claim and may bill with either the recipient’s Social Security Number or BIC ID number: Emergency Air Ambulance Transportation, Alternative Birthing Centers, Community Hospital Inpatient, Community Hospital Outpatient, County Hospital Inpatient, County Hospital Outpatient, Genetic Disease Testing, Emergency Ground Transportation, Certified Hospice, Long Term Care Facility and Mental Health Inpatient. For all other provider types, the ID number must be placed on all claims.

For assistance with eligibility, the Automated Eligibility Verification System (AEVS), Point of Service (POS) device or Medi-Cal Web site, [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov), call the POS/Internet Help Desk at 1-800-427-1295. If illegal use of a BIC is suspected, or if there are questions about this policy, call the Provider Support Center (PSC) at 1-800-541-5555.

**Hepatitis A and Hepatitis B Combo Vaccine: Billing Reminder**

Providers are reminded that for dates of service on or after September 22, 2003, the hepatitis A and hepatitis B combination vaccine is reimbursable only when billed with CPT-4 code 90636. Providers who use HCPCS code X5346 on or after September 22, 2003 for this vaccine will be denied reimbursement. Refer to the *Injections and Vaccines For Children (VFC) Program* sections of the Part 2 provider manual for specific billing information about this vaccine.

**Medi-Cal Field Office: Address Change**

Effective September 22, 2003, the San Francisco Medi-Cal Field Office address has changed, as follows:

San Francisco Medi-Cal Field Office (SFMCFE)  
575 Market Street, Suite 400  
San Francisco, CA 94105-2823

All telephone numbers remain the same. *Treatment Authorization Requests* (TARs) formerly sent to 185 Berry Street, Suite 290, should be sent to the new address.

*This information is reflected on manual replacement page tar field 9 (Part 2).*

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## Instructions for Manual Replacement Pages

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#### *Part 2*

Remove and replace:

- acu exu 1 thru 3 \*
- audio exu 1 thru 3 \*
- medi non hcp 1/2 \*
- non ph ub 1 thru 3 \*
- occu exu 1 thru 3 \*
- phys exu 1 thru 3 \*
- tar field 9/10
- ub comp op 1/2 \*
- ub spec op 3/4 \*
- ub tips op 1/2 \*

\* Pages updated/corrected due to ongoing provider manual revisions.